

L10000091554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

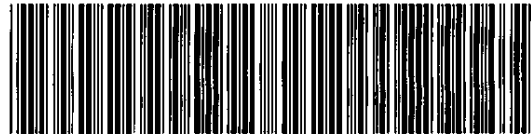
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/31/10--01021--005 \*\*155.00

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10 AUG 31 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP -1 2010

EXAMINER

**JOHN C. TRENTELMAN**  
**ATTORNEY AT LAW**  
207 NORTH MAGNOLIA AVENUE  
P.O. BOX 5863  
OCALA, FLORIDA  
34475

**REAL ESTATE  
PROBATE  
GENERAL PRACTICE**

**TELEPHONE 352-732-6977  
FAX 352-732-6981**

August 30, 2010

Corporate Records Bureau  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee Florida 32314

Re: SUZIQ, LLC.

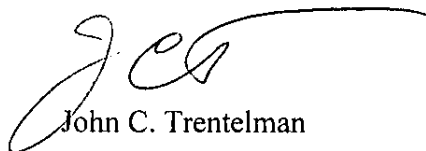
Gentlemen:

Enclosed please find original and one copy of Articles of Organization of the captioned limited liability corporation which I ask that you approve and file.

Also enclosed is a check to your order in the sum of \$155.00 representing statutory filing fee, costs of certifying one copy of the Articles, the filing tax, and certificate of resident agent.

Would you kindly certify the enclosed copy and return it to me.

Very truly yours,

  
John C. Trentelman

JCT/vmc  
enclosure

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUZIQ, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C. Trentelman

\_\_\_\_\_  
Name of Person

John C. Trentelman, attorney at law

\_\_\_\_\_  
Firm/Company

207 N. Magnolia Ave.

\_\_\_\_\_  
Address

Ocala, FL 34475

\_\_\_\_\_  
City/State and Zip Code

RS5800@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C. Trentelman

\_\_\_\_\_  
Name of Person

at ( 352 ) 732-6977

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|--|---|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SUZIQ, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

2101 SW 42nd St.

Ocala, FL 34471

#### Mailing Address:

2101 SW 42nd St.

Ocala, FL 34471

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Sheldon Scott

Name

2101 SW 42nd St.

Florida street address (P.O. Box **NOT** acceptable)

Ocala

FL 34471

City, State, and Zip

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Ocala, FL 34471

Ocala, FL 34471

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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**